



## Inside this Issue...

- This issue of the Training Times includes video articles from Results Matter, a program of the Colorado Department of Education. First Steps providers and service coordinators will need to click the link to view the videos. We hope you will find these a nice change of pace from the written word. If you have trouble connecting to the link, please contact us at [training@utsprokids.org](mailto:training@utsprokids.org).
- Tots-N-Tech provides an iPad101 with basic information on the iPad, apps and places to find them. Use of the iPad and other electronic devices with toddlers is not without controversy and inclusion of this article should not be interpreted as encouragement for the use of iPads or other electronic devices in early intervention.
- The Direct Service Provider Orientation courses (DSP102 and DSP103) have been updated to include more information on writing outcomes, STGs and progress notes. UTS is working with the state to facilitate the transition of the new timelines for the few providers caught in the middle of the timeframe changes. If you have completed DSP102, but not DSP103 and have not been contacted by UTS, you should email [training@utsprokids.org](mailto:training@utsprokids.org).
- The **Provider Spotlight** features Social Work. Thanks to Steve Viehweg, ACSW, LCSW, for providing an overview of Social Work in early intervention.

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INDIANA'S UNIFIED TRAINING SYSTEM

"Creating Learning Opportunities for Families and Providers Supporting Young Children"

# First Steps Enrollment and Credential Training Requirements

| Provider Level - New   | Training for Enrollment   | Training for Initial Credential   |
|--|---|---|
| Service Coordinator (Intake and Ongoing)                                     | SC 101—SC Modules (self-study)  | SC 102 within 3-6 months of employment date<br>SC 103 within 6-9 months of employment date<br>Quarterly (4) - Training Times Assessment (self-study)<br>First Steps Core Training—one course per credential year (self study or on-site)<br>15 points for initial credential  |
| Direct Service Provider  | First Steps Orientation or DSP 101—Provider Orientation Course (self-study)                           | <b>*DSP 102 - within 60 days of enrollment (on-site)</b><br><b>*DSP 103 - within 3-6 months of enrollment (on-site)</b><br>Quarterly (4) - Training Times Assessment (self-study)<br>First Steps Core Training—one course per credential year (self study or on-site)<br>10 or 15 points for initial credential<br>* timeline for completion has been revised, effective 07/12. |
| Provider Level - Credentialed  | Training for Enrollment   | Training for Annual Credential  |
| Service Coordinator (Intake or Ongoing who has completed initial credential) | SC Orientation and Service Coordination Level 1 or SC 101 – SC Modules (self-study)                   | Quarterly (4) - Training Times Assessment (self-study)<br>First Steps Core Training - one course per credential year (self study or on-site)<br>3 points for annual re-credential   |
| Direct Service Provider (who has completed initial credential)               | First Steps Orientation (on-site or self-study) or DSP 101 - Provider Orientation Course (self-study) | Quarterly (4) – Training Times Assessment (self-study)<br>First Steps Core Training - one course per credential year (self study or on-site)<br>3 points for annual re-credential   |

## Attention: New Providers and Service/Intake Coordinators

The Bureau of Child Development Services requires all providers and service coordinators to complete the quarterly *Training Times* assessment as part of your mandatory training requirements for credentialing.

New providers must establish an account on the UTS website (<http://www.utsprokids.org>) to register for UTS trainings. Obtaining an account is easy.

1. Click the Account Login in the upper right hand corner.
2. On the login page click on Create One Here
3. Enter your information (note that UTS Training Times is mailed to your primary address—you are encouraged to use your home address, especially if it is difficult to get personal mail at your workplace, e.g. hospital system). UTS does not give any of your training profile information to anyone outside of First Steps. The BCDS and UTS will periodically send you email updates regarding First Steps.
4. When all information has been entered click the Update Information.
5. Register for your annual training fee.

6. Once your payment has been posted, you can take the Training Times assessment, under My Quizzes.
7. If you have questions or encounter problems email Janice in the UTS Connect office at: [registration@utsprokids.org](mailto:registration@utsprokids.org)

**Indiana First Steps**  
**UTS Training Times**  
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Published quarterly by Indiana's Unified Training System (UTS) - Programmatic Training at ProKids, Inc. 6923 Hillsdale Ct. Indianapolis, IN 46250. Indiana's Unified Training System (UTS) is funded through a grant from Indiana First Steps, Bureau of Child Development Services, Division of Developmental Disability and Rehabilitative Services, FSSA. Subscription fee is included as a part of the annual training fee for enrolled First Steps providers. Copies may be downloaded from the UTS ProKids web page.

**Web Address:** <http://www.utsprokids.org>

**Email: Training questions** [training@utsprokids.org](mailto:training@utsprokids.org)

**Registration questions:** [registration@utsprokids.org](mailto:registration@utsprokids.org)

# Service Coordinator Training Dates for 2012

**Service Coordination 102:** All service coordinators must enroll and complete SC 102 3- 6 months after employment date. If you are unable to adhere to this timeline, you must request a training waiver. Email your request to [training@utsprokids.org](mailto:training@utsprokids.org).

**Tuesdays at ProKids, Inc. Indianapolis from 9-4pm**  
8/14/12      11/13/12      2/12/13

**Service Coordination 103:** All service coordinators must complete SC103 6-9 months after employment date. If you are unable to adhere to this timeline, you must request a training waiver. Email your request to [training@utsprokids.org](mailto:training@utsprokids.org).

**Tuesdays at ProKids, Inc. Indianapolis from 9-4pm**  
9/18/12      12/5/12      3/12/13

All Service Coordinators must register online for SC 102 and SC 103 at [www.utsprokids.org](http://www.utsprokids.org).

## DSP 102 and DSP 103 Provider Follow Up Orientation\*

All newly enrolled providers must complete the DSP series 102 and 103 within the **first 6 months of their enrollment**. DSP 101 is required for provider enrollment. DSP 102 must be completed within 60 days of provider enrollment and DSP 103 must be completed three to six months following the enrollment date. Completion dates for these courses must be documented on the Annual Attestation Statement and initial credential. Training dates for DSP 102 & 103 are listed below. These trainings are held at ProKids Inc. Since there are specific timelines for completion of DSP 102 and DSP103 that allow time for experience in the First Steps System, providers may NOT take both courses on the same day. **\*Revisions to DSP102 and DSP103 have been finalized. UTS has worked with the state and CSC Provider Enrollment to develop a transition plan for providers who may not meet the current course timelines. Providers caught between the old and new DSP course timelines will be contacted by UTS and provided with options to complete the old series or to enroll in the revised DSP102 and DSP103.**

| DSP 102 Dates      | Time        | DSP 103 Dates      | Time         |
|--------------------|-------------|--------------------|--------------|
| August 7, 2012     | 1:00-4:00PM | August 7, 2012     | 9:00-12:00PM |
| September 11, 2012 | 1:00-4:00PM | September 11, 2012 | 9:00-12:00PM |
| October 9, 2012    | 1:00-4:00PM | October 9, 2012    | 9:00-12:00PM |
| November 6, 2012   | 1:00-4:00PM | November 6, 2012   | 9:00-12:00PM |
| December 11, 2012  | 1:00-4:00PM | December 11, 2012  | 9:00-12:00PM |

## AEPS 2-DAY Certification Course

This course provides a 2 day, comprehensive overview of the Assessment, Evaluation and Programming System (AEPS) for Infants and Children. The AEPS is a criterion-referenced developmental assessment tool for children, birth to six years. This course is required for all ED Team members. The 2-day AEPS course may also be used as a First Steps Core Training (FSCT) for your First Steps initial or annual credential. **Cost: \$75**

**Aug 2 & 3, 2012      \*Future dates TBA, check the UTS website.**

## Additional Opportunities for Credential Points

Providers may utilize trainings (on-site and self-study) and conferences/workshops outside of UTS to meet their initial or annual credential points as long as the training is related to provider or service coordinator competencies and it is relevant to infants through age 5. These may include training offered at the SPOE Provider Meetings, provider agency training related to service delivery and First Steps Core Competencies, association conferences (APTA, ASHA, etc.), hospital based conferences or grand rounds, other local, regional and national conferences, and books, videos and online training. You must keep a copy of the agenda or brochure that includes date, speakers, an agenda/content information and the time spent in the sessions you attended or a one page summary of the self-study training in your credential file. **Recent changes to First Steps credentialing allow a maximum of 5 points for in-service training, while conferences/workshop taken outside of provider agencies is unlimited.** More information on credentialing can be found in the recently revised Personnel Guide at

<http://www.eikids.com/in/matrix/docs/pdfs/First Steps Personnel GuideRevised 12-2010.pdf>

## IN THE NEWS.....



### **IU researcher awarded \$3.5M to help improve communication in toddlers with autism spectrum disorder**

FOR IMMEDIATE RELEASE  
July 16, 2012

BLOOMINGTON, Ind. -- The U.S. Department of Education has awarded nearly \$3.5 million to Hannah Schertz, Indiana University School of Education assistant professor of special education, and two colleagues at other universities to study a method aimed at bolstering developmental foundations that support language for children with autism spectrum disorders.

Schertz is principal investigator on a four-year project to determine the effectiveness of an intervention practice called Joint Attention Mediated Learning, an approach that targets pre-verbal social communication between toddlers younger than 2 1/2 years and their parents.

"The purpose is to begin at a very young age before difficult patterns of social interaction have become set," Schertz said, "and to focus on their greatest area of challenge, social communication." She describes Joint Attention Mediated Learning as an intervention implemented through natural parent-child interaction. "The intervention focuses on foundational pre-verbal competencies that support the natural development of language."

Schertz's co-principal investigators are Samuel Odom, a former IU faculty member, now director of the Frank Porter Graham Child Development Institute and professor in the School of Education at the University of North Carolina, Chapel Hill; and Kathleen Baggett, associate research professor at Juniper Gardens Children's Project within the Schiefelbusch Institute for Life Span Studies at the University of Kansas. Schertz will recruit primary caregivers with toddlers 30 months or younger from diverse socioeconomic, ethnic and racial groups in the Indianapolis area, and the co-investigators will recruit from their North Carolina and Kansas sites.



"This is a significant project that will bring together some of the nation's leading special education researchers from top universities in the field to assess best-practice interventions for autism spectrum disorder," said Gerardo Gonzalez, dean of the IU School of Education. "The selection of this project as one of just 19 proposals nationally to receive major funding from the federal Institute of Education Sciences under the National Center for Special Education Research underscores the quality of the research team and importance of the investigation."

Schertz said she and her colleagues developed the unique Joint Attention Mediated Learning intervention focus through several previous studies. The method promotes three phases of pre-verbal social communication.

In the first phase, intervention helps toddlers look freely and often at their parents' faces. The second stage is designed to promote reciprocal interaction between the toddler and parent.

"The parent engages with the child in simple, repetitive, back-and-forth play," Schertz said. The goal is to help toddlers wait for the parent's turn and to understand that the parent shares their interest but has a different perspective.

The third phase helps the child achieve "joint attention." Schertz says this precursor to language is an important milestone typically achieved by 12 months but one not seen in infants who will go on to receive a diagnosis of autism spectrum disorder. "Joint attention is sharing interest about something, for example, exchanging looks between an object and the parent while showing social interest, such as by smiling."

## IN THE NEWS.....

(Schertz continued)

At the conclusion of the project, Schertz said she hopes the findings will confirm Joint Attention Mediated Learning to be an effective intervention to help children with autism spectrum disorder learn language in a more natural manner and to make them feel comfortable and competent with social engagement.

"We hope this will translate into better long-term outcomes across the lifespan for children with autism," she said. "We also want to see parents feeling positive about their child's potential and about their ability to positively influence their children's development."

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

### Infants Born at 37 or 38 Weeks Have Increased Risk of Lower Test Scores in Third Grade

**For Release: July 2, 2012**

Previous research has found that infants born at 34 to 36 weeks' gestation – classified as “late pre-term” – have an increased risk of developmental delays and other mental and medical difficulties. A new study suggests even infants born at 37 or 38 weeks' gestation -- technically “at term” – are at risk. The study, “[Academic Achievement Varies With Gestational Age Among Children Born at Term](#),” in the August 2012 Pediatrics (published online July 2), analyzed data from 128,000 babies born between 37 and 41 weeks' gestation in New York City. Birth records were matched with public school records of standardized third-grade math and reading tests. Researchers found achievement scores for children born at 37 and 38 weeks were significantly lower than those of children born at 39, 40 or 41 weeks. Compared to children born at 41 weeks, children born at 37 weeks have a 23 percent increased risk of having a moderate reading impairment; children born at 38 weeks have a 13 percent increased risk. Math scores were also lower for children born at 37 or 38 weeks. The effect was independent of birth weight and other obstetric, social and economic factors. The infant brain grows rapidly in the last weeks of gestation, and may be more likely to be disrupted when children are born early, even within the commonly defined period of term gestation. Study findings suggest this disruption may affect later academic achievement. Given the trend for performing elective early deliveries for non-medical reasons, study authors conclude that researchers, clinicians and parents should consider the link between weeks of gestation and school performance.



**Daylight savings time ends Sunday, November 4, 2012 at 2:00AM.**

**Remember to fall back one hour!!**

# SERIES:

## An Integrated Approach to Supporting Child Development

Jane Kavanagh, Marsha Gerdes, Katherine Sell, Manuel Jimenez, James Guevara



Evidence to Action | Summer 2012

**S**creening  
**E**arly Identification  
**R**eferral  
**I**ntake  
**E**valuation and Eligibility  
**S**ervices

## EXECUTIVE SUMMARY

Developmental delays affect between 10 and 13 percent of U.S. children under the age of three; however, only two to three percent of children in this age group receive Early Intervention (EI) services.<sup>1-3</sup> An approach that identifies concerns early and links children to services is vital. Many efforts have focused on implementing developmental screening in primary care, and have contributed valuable information about the feasibility and effectiveness of this strategy.<sup>4-8</sup> However, few studies have evaluated the success of screening beyond the identification of a developmental concern and the initiation of a referral.<sup>9</sup> Those studies that have looked beyond referral show significant gaps between the identification of a concern and the receipt of developmental services by children and families.<sup>10, 11</sup> This has prompted increasing awareness of the need for better care coordination across systems involved in meeting the developmental needs of children.<sup>12</sup>

To promote a more coordinated approach to meeting children's developmental needs, this brief proposes the adoption of the SERIES paradigm of developmental screening in which each step—**S**creening, **E**arly Identification, **R**eferral, **I**ntake, **E**valuation, and **S**ervices—is seen not as an isolated activity, but rather an integral component of a single process. SERIES challenges all systems serving young children to broaden their focus to include practices that promote shared responsibility for ensuring that each child successfully completes the entire pathway from screening to services.<sup>13</sup> This brief does not aim to be a comprehensive review of the evidence around developmental screening, as such reviews already exist.<sup>1, 14, 15</sup> Instead, the brief explores barriers that may prevent children from completing the SERIES, highlights promising approaches for collaboration, and proposes practice and policy actions that may offer useful guidance for planning, financing, and delivering early childhood services.

### ISSUE

### RESPONSE

Rates of developmental screening by primary care providers remain low.



1. Reimbursement should incentivize screening and care coordination.
2. The federal government should support the development of public domain screening tools.

Significant drop-off occurs when children move between primary care and developmental services.



States and provider sites should prioritize cross-system information exchange.

There is a missed opportunity to help children who are identified by screening but not eligible for Early Intervention (EI).



States should coordinate the eligibility and intake processes of multiple early childhood systems to expand access to developmental services.

Existing quality metrics on developmental screening provide limited information as to whether children receive services.



Comprehensive developmental screening metrics that address receipt of EI services are needed to inform quality improvement.





## Provider Spotlight - Social Work Services

By Stephan Viehweg, ACSW, LCSW

### **What services do social workers provide?**

The Part C legislation identifies social work as one of the required services to be made available to families participating in the early intervention system. Social workers can be an asset to the family and the early intervention team. As described in the law, a social worker might assist in evaluating a child's living conditions and the patterns of the parent-child interactions. A social worker can assess the child's social/emotional development (one of the five domains of development) within the family context. A social worker can provide family training and counseling to support outcomes regarding social skills, challenging behaviors, dealing with problems in their living situation, and other issues that affect the child's maximum utilization of early intervention services. A social worker also can help identify, mobilize and coordinate community supports and services to enable the child and family to receive maximum benefit from their participation in the early intervention system.

Social workers can assist IFSP team members when there is an identified abuse and/or neglect issue. While the individual who actually witnesses/identifies the abuse or neglect is legally responsible for making the referral to Child Protective Services, the social worker can assist in understanding the process and coordinating with the IFSP team including the family.

### **Who can provide social work services in the First Steps system?**

Like all other early intervention providers, a social worker must meet minimum education and licensing requirements. As specified in the First Steps early intervention system Personnel Guide, a social worker must have a master's and/or doctorate degree in Social Work and be licensed as a clinical social worker (LCSW) under IC 25-23.6, or be an MSW level social worker working toward licensure under the supervision of a LCSW. At the present, most social workers are enrolled in the First Steps system as independent providers (rather than through agencies) which allows for more access to this service. Many social workers are providing early intervention services on a part time basis and may be available in evening and weekend hours to accommodate family's busy schedules. This also allows social workers to potentially cover broader service areas when possible to reach as many families as possible.

Social workers must become credentialed as an early intervention specialist and maintain that credential similar to other early intervention providers. Social workers maintain their availability through the online matrix.

Early childhood providers, including social workers, can now obtain an infant mental endorsement through the Indiana Association for Infant and Toddler Mental Health. Endorsement supports and recognizes the development of professionals who work with or on behalf of infants, toddlers and their families. This process uses a nationally recognized set of competencies that defines best practice and guides professional growth. There are four levels of endorsement that include many different types of providers that might encounter very young children. You can identify an endorsed provider by the initials *IMH-E* after their name. For more information on how to obtain this credential visit [www.iaitmh.org/endorsement/index.html](http://www.iaitmh.org/endorsement/index.html).

### **Who would benefit from social work services, when should SC, EDT or ongoing providers consider adding a social worker to the team?**

When considering a referral for social work services, providers should keep in mind infant and toddler behaviors, parent interactions, and family circumstances. In infants, mental health concerns are most often expressed as difficulty with self-regulation (sleeping, feeding, emotions/behavior challenges) or the development of healthy attachments. For toddlers, there may be additional behavioral concerns such as excessive withdrawal, regression of developmental skills, or extreme aggression. Providers may see many children with troubling behaviors or families with difficult situations. It can be hard to know which behaviors warrant a social work or psychology referral. A list of the kinds of concerns that may suggest the need for referrals was provided in the May 2012 Training Times for your reference and guidance is repeated for your review.

**Infant (0 to 1 year) social and emotional characteristics that may signal the need for MH assessment:**

|   |   |
|---|---|
| Excessive Crying (colicky, cries more than 3 hours in 24 hours) | Sleep Disturbance   |
| Feeding Disorders   | Extreme Stranger Anxiety  |
| Won't Cuddle  | No or limited eye contact   |
| No smiling  | Little or no social reciprocity (enjoyment of interaction with others)  |
| Muscular Rigidity (freezing)                                    | Little Emotion (rarely coos or babbles)                                 |
| Irritability related to mood dysregulation                      | Sensory sensitivity (unusual sensitivity to sight, sound, and/or touch) |

**Toddler (1 to 3 years) social and emotional characteristics that may signal the need for MH assessment:**

|  |  |
|--|--|
| No or limited eye contact  | Severe temper tantrums or aggression           |
| Continual thumb sucking  | Too social to unfamiliar adults                |
| Significant sleeping problems (night terrors, wakes numerous times, difficulty settling at bed time) | Trouble attending to play or social activities |
| Eating problems  | Difficulty with transitions between activities |
| Frustration with communication   | Self injurious behaviors                       |
| Inability to separate from caregiver without extreme anxiety   | Tries to take care of parent                   |
| Loss of skills in any developmental area   |  |

**Parent social and emotional characteristics that may signal the need for MH assessment:**

|   |   |
|---|---|
| Parent looks sad and/or exceedingly tired | Parent states feeling blue and overwhelmed                              |
| Parent feels no joy regarding child       | Parent has MH issues, cognitive limitations, or problems with addiction |
| Limited family support                    |   |

**Family risk factors that, when combined with child concerns, may signal the need for MH assessment:**

|                                       |   |
|---------------------------------------|---|
| Drug/alcohol use in home              | Multiple moves or changes in placement  |
| Violence in home                      | Young parent/single parent  |
| Chaotic or stressful home environment | Child abuse or neglect/CPS involvement  |
| Family economic stress                | Sibling issues  |
| Low socio-economic status/poverty     | Parental discord around child's developmental differences, acceptance, treatment, and family responses (nuclear and extended) |



For families, life circumstances including coping with the child's developmental issues and their effects on the family, or issues with employment, housing, or accessing other resources. While social workers do not provide parent relationship counseling, they can help families access community mental health resources for issues that are outside of the child's concerns related to the IFSP.

### **How does the social worker collaborate with the other IFSP team member?**

Similarly to other team members, the social worker coordinates through regular contact via phone, text, email, etc. to share information and ideas with all involved in a child's IFSP. Social workers contribute to the quarterly reports prepared by IFSP teams, often through the sharing of electronic files via DropBox or other secure methods. Social workers welcome contact from all team members as we collaboratively partner to support children and families in achieving their outcomes.

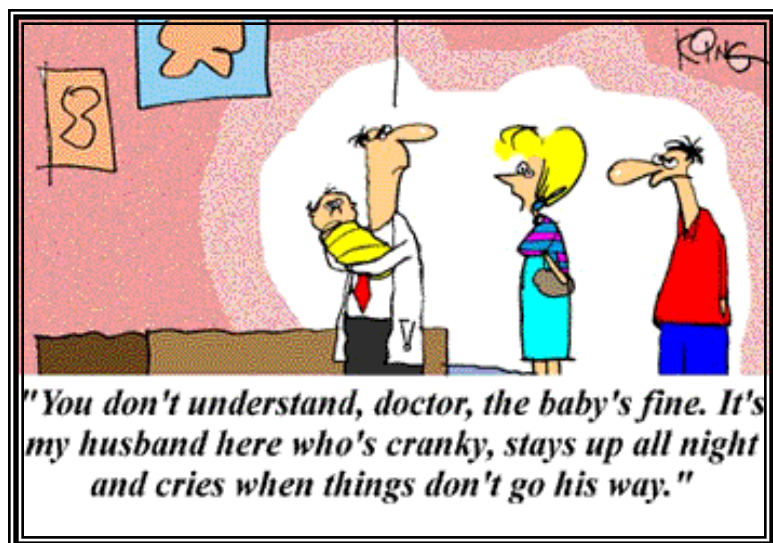
Social workers can provide assessment services to help determine eligibility as well as need for services. Sometimes assessment might answer the family's questions without need for additional service. Other times social workers might recommend ongoing services to address the child's social emotional development concerns and/or to support the family in coping with the effects on their family and identifying/accessing appropriate resources and supports. When necessary, the social worker can help facilitate referrals to other community agencies to address family needs and concerns.

### **How can Clusters locate social workers when needed?**

At this time the number of social workers who are credentialed through Indiana First Steps is limited. To address this issue of limited providers and ensure access to services, social workers may be enrolled through an agency or as independent providers. If a family is working with a First Steps agency that does not have a mental health provider on staff, access to these services is still possible. Agencies will establish referral agreements with social workers and other disciplines with limited numbers of providers, including psychologists. Service coordinators, ED Team members, or agency staff are encouraged to contact social workers via their matrix listing to discuss the needs of the family and to seek assistance in arranging for referrals.

An authorization for a social work assessment should be obtained through the Service Coordinator. Following the assessment, a recommendation for ongoing services may be given. At that time, approval would be sought through the IFSP team, including the parent, SC ED Team and ongoing providers to add this service.

Local First Steps agencies and councils can contact the Indiana Chapter, National Association of Social Workers to identify social workers in their communities who might be interested in providing services for infants/toddlers and their families. The NASW can be reached at 317-923-9878 or at [www.naswin.org](http://www.naswin.org).



# DEVELOPMENTAL IMPLICATIONS WHEN USING TECHNOLOGY WITH TODDLERS

## PLEASE READ PRIOR TO TECHS-N-TECH INFORMATION ON iPads & APPS

Toddlers are naturally inquisitive. They learn as they interact with their environment using their sensorimotor skills - vision, touch and hearing. Objects that incorporate use of these skills are highly interesting and motivating to toddlers. Providers must be aware that research in the use of iPads and other technology is just emerging, especially as it applies to children with special needs. There is no evidence in research that technology in and of itself MAKES children smarter.

<http://abcnews.go.com/Technology/parent-debate-ipads-smartphones-teach-toddlers-read/story?id=13626381>

The use of electronic devices in early childhood is not without controversy. Last October, the American Academy of Pediatrics (AAP) issued guidelines that discourage *any* use of screen time (TV, DVD, iPad, tablets, mobile phones, etc.) for infants and toddler under 2 years of age with strict limits of no more than one to two hours total per day of screen time for children from 2 to 5 years.

[http://www.washingtonpost.com/blogs/on-parenting/post/aap-reaffirms-no-screen-time-for-young-children-even-though-few-parents-listen/2011/10/18/gIQAZvpkuL\\_blog.html](http://www.washingtonpost.com/blogs/on-parenting/post/aap-reaffirms-no-screen-time-for-young-children-even-though-few-parents-listen/2011/10/18/gIQAZvpkuL_blog.html)

Other considerations in the use of digital technology with toddlers include their cost and the fragile nature of electronics. While specialized speech devices from companies like DynaVox Inc. DVOX -1.30% and Prentke Romich Co. range from about \$2,500 on the low end to \$15,000 for a device that uses the eye movements of people who are paralyzed to allow them to select words on a screen, most are about \$7,000. In comparison, the iPad may appear to be a bargain for some, it still remains out of reach for most First Steps families and families should never be made to feel that there are compromising their child's progress by not having these high tech devices. Rarely are such devices covered by insurance and other payers. Providers should be aware and accept liability for the potential damage that may occur to their electronic devices when they are used and handled by young children.

Providers must always consider the purpose and developmental goals of any items brought into therapy with an emphasis on incorporating available low tech options that accomplish many of the same goals; i.e., flash cards, communication boards, outlining and tracing letters in various media, like shaving cream, books, switch toys, etc.

Typical toddler developmental skills are necessary to facilitate the use of both high and low tech options. Some of these include:

- Fine Motor Skills - reaching, holding items in both hands, finger isolation, pressing buttons, activating toys, visual scanning, rotate and shake objects
- Cognitive Skills - use of symbols to represent objects, making choices, following simple commands, mimicking real activities, scribbling, cause and effect
- Social Emotional Skills - joint attention, turn taking, modeling and imitating, shared enjoyment

Before using mobile technology, parents and providers must explore the appropriateness and purpose of the device for their child.

- What is the rationale for using an app versus using an actual book, blocks or pretend play?
- What is the child's developmental age and skill level?
- How will it be used with parents/caregivers, siblings or peers?
- How much time will be spent interacting with the device?
- How will its use be limited?
- What is the advertised purpose of the app and how can it meet the child's treatment goals?
- Are modifications necessary?
- How will activities be alternated with floor time, couch time, table time, outdoor play?
- How can interactions with parents and others allow for shared enjoyment?
- How can you extend or expand learning gains and skills from the app to real life experiences?

Thomas Jefferson  
University

April 2011



Arizona State  
University

E-Newsletter

## THE IPAD: IT'S YOUR TURN TO BE HEARD



### What is an iPad?

An iPad is a “notebook” style computer designed, developed and marketed by Apple Inc. Its primary purpose is to provide audio-visual media including but not limited to books, periodicals, movies, music, games, and web content. Apple released the iPad in April 2010 and sold 3 million devices in the first 80 days!

The iPad functions the same way as the Apple iPod Touch and iPhone. It runs its own applications as well as applications of the iPhone. Like the iPhone and iPod Touch, the iPad is controlled by a multi-touch display. It also has a virtual onscreen keyboard but can be used with a physical keyboard if needed. The iPad uses a data connection to allow you to browse the Internet, load and stream media, and install software. This feature allows you to surf the web anywhere at anytime!

### Significant Features of the iPad

- ☐ Crisp and vivid picture quality
- ☐ There's no up or down position—is designed to display content in portrait or landscape orientation with every turn
- ☐ Wide 178 degree viewing angle—can be held any way you want and still get a brilliant picture
- ☐ Thin and Light
- ☐ Slightly smaller than a magazine
- ☐ 1.5 pounds and 0.5 inch thin—can be carried anywhere



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Useful App for iPad, iPod Touch, iPhone 11



## What is an iPad? (Continued)

- ☐ Slightly curved to back—makes it easy to pick up and comfortable to hold
- ☐ Can use for up to 10 hours while surfing the web, watching videos, playing games, or listening to music
- ☐ Built-in speakers that produce rich, full sound
- ☐ Comes with a headphone jack and a built-in microphone



## What are the differences between an iPad, iPhone, and iPod Touch?

Reviewers of the iPad have described it as a big screen version of the iPod touch. The iPad is larger in size and in storage space. It is more expensive than the iPhone and iPod Touch but is more versatile. An advantage of the iPhone is that it comes with 2 built-in cameras, a microphone and speaker, video recording and editing, etc. The iPod Touch is similar to the iPhone but without phone capabilities. All of these devices provide multi-touch features. The iPad is a great investment for use with children with disabilities or delayed development — even children who are older infants or toddlers.

## What is an App?

Also known as an “application”, an app is computer software designed to help the user perform a single or multiple tasks. Apps are written and designed for a specific need or purpose of an individual user. Examples of “apps” for older children and grown ups are calculators, gps systems, photo albums, games, or social networks. Infants-toddlers can read a story, play simple games that teach them about concepts such as cause-effect or early literacy skills, or communicate. Their parents/caregivers can design individual picture schedules, stories, or visual time supports. Some apps are standard for the iPad such as apps for surfing the web, checking email, watching videos, keeping track of your schedule and contacts, listening to music and much more.

The Apple App Store is store that provides or sells a wide variety of applications for devices such as the iPad. Users may browse the site and download applications from the iTunes Store. Apps are downloaded directly to the user’s device. There are many other websites from which applications may be downloaded. Some are listed at the end of this newsletter but new apps are designed every day so keep checking for the one you might want. Visit the Apple App Store at <http://store.apple.com/us> for more information about apps and how to download them to the iPad.

## What are some ideas about using the iPad with infants and toddlers?

Many possibilities for using the iPad with young children probably are coming to mind. You may have already heard of apps that have been developed so that the iPad may be easily used by children with disabilities for a variety of purposes. New apps are becoming available regularly so that infants and toddlers with disabilities may use the iPad to play and learn. An iPad can assist for communication, enhancing social skills, learning disabilities, fine motor skills, behavior disorders, etc. The iPad is a fabulous mobile device

## What are some ideas about using the iPad with infants and toddlers? (continued)

lots of different concepts and ideas by playing games or interacting with different types of media. Using an iPad provides a child with an interactive experience with multi-sensory feedback that offers opportunities for learning.

### Social Skills

Social skills intervention for children with special needs is an area that is growing through use of new innovations in technology. Video modeling and social stories are two practices that can be easily delivered through the iPad. Visual modeling is a technique that involves having a child watch a particular behavior so that the child may learn the behavior through watching a videotaped script. With social stories, pictures and sentences describe a social situation for a child. The sentences are written from a child's perspective and describe appropriate behavior for a specific situation. Social stories may be used to help prepare to participate in a new social situation or to review appropriate behavior within a social situation. The iPad has apps that combine the theory behind video modeling with the structure of a social story. Parents are able to easily create social stories using pictures that are connected to the child's life to demonstrate a desired behavior. Model Me Kids and iCommunicate are two of many apps that are available to use the iPad to deliver the social story.

#### Model Me Kids (FREE)

The younger series of this app are designed for ages 2 to 8 and for 5 to 12 focusing on appropriate behavior in different settings. This series focuses on conversation cues, non-verbal communication and friendship skills. Children can use this app at a restaurant or a doctor's office to promote positive behavior.



## What are some ideas about using the iPad with infants and toddlers? (continued)

### iCommunicate (\$19.99-\$29.99)

This is an app designed for the iPad that is used frequently for social stories. It allows you to create storyboards in two different formats. Different pictures may be downloaded to the database to create multiple stories. Parents may record their own voices to narrate the social story. Once the social story task is completed, the app allows it to be checked as completed. This gives the child recognition for accomplishing their task. You may also create stories that help children make choices. For example, during mealtime, you can create a list of different foods and have the child choose what they want to eat or drink.



### Play

Babies as well as some children with disabilities may have difficulties using their hands to manipulate objects. A certain amount of manipulation is needed to use the iPad. Since this can become challenging, in order to learn to tap the iPad, children need to understand the concept of cause and effect. When a child touches a specific area of the app, there must be an action that occurs as a result. This will help them begin to make a connection. With saying this, several apps have been developed for enhancing fine motor

### Wheels on the Bus (\$1.99)

This app has been awarded the “Best Children’s App” KAPi Award in 2010. It is musical and extremely engaging for children. There is a high level of cause and effect within this program. Children can also use larger fine-motor movements to create an action. Another great bonus with this app is that you actually record your own voice as part of the song.





## What are some ideas about using the iPad with infants and toddlers? (continued)

### Interactive Alphabet—ABC Flash Cards (\$2.99)

This app won ilounge's best iPad kids app of the year. It is ideal for developing fine motor skills and the concept of cause and effect. In order for it to operate, a child has to touch the screen to eat the apple, touch the train to make it go, or make the yo-yo go up and down.



## Communication

### Proloquo2go (\$189.99)

Infants and young children who are unable to communicate well may not need a communication system as elaborate as this app. Proloquo2go is an application that provides adaptive communication for people who are non-verbal. You can set it up to speak full sentences pertaining to your child's name, age, likes and dislikes, etc. You can also select a boy's voice or a girl's voice for children, or a man or woman for an adult. There are also speech options to allow a user to adjust the speed of words spoken.



To learn how to navigate the app and customize it to suit individual needs, online resources are offered for quick guides and step by step videos. For those who are unable to physically touch the screen because of a disability, RJ Cooper & Associates provides instructions on making iPad compatible head stylus. They also specialize in creating hardware and software for individuals with special needs. For more information, please see: <http://rjcooper.com/ipad-pointer/index.html>.

## What are some ideas about using the iPad with infants and toddlers? (continued)

### Visual Schedules

A visual schedule may be helpful with young children to help them understand what activities are going to occur and in what sequence. Visual schedules are often used with children with autism and other disabilities. Positive behavior support is provided through the use of images that show daily event, for example morning routine. A visual schedule also illustrates the steps needed to complete a specific activity such as using the restroom.

#### First-Then Visual Schedule (\$9.99)

The First-Then visual schedule application provides just that. It is an affordable and convenient audio-visual prompting tool for use on the iPad. The portability of the iPad and the easy use of this app make it perfect for using at school, home or in the community. This unique application is completely customizable. It allows for schedules to be created “on the go” to help with transitioning through unexpected change in a routine.



#### Time Timer (\$4.99)

This app answers the question “How much longer?” Time Timer is an app based on the visual timer that is commonly used with children in school who need a visual timing system for behavioral intervention or organization. Children can actually see time passing on the timer and solve the problem for those who ask, “how much time is left?” Simply set the Time Timer to the length of your activity. As the time elapses, the red-disk gradually gets smaller. This app helps kids focus on their homework, stick to practice schedules and assist with start/end of day routines. It also provides a sensitive time management solution for individuals with ADD, ADHD, Autism and other special needs.



## How much does the iPad cost?

Prices for the iPad range from \$499 to \$829. The more expensive versions have more storage space, which means you can download more apps. iPads that connect to the Internet with Wi-Fi only are less expensive than those that connect through Wi-Fi and through AT&T's 3G network.

*Still interested...*

## Where can you buy an iPad?

You can buy an iPad online at Apple.com or in any of Apple's retail stores. In addition to the official Apple website and store, you can also buy the iPad on Amazon, eBay, or at Target and Best Buy stores.

## Buying Refurbished iPads from Apple

Buying a refurbished iPad can be purchased directly from the Apple store online under "Special Deals." When buying a refurbished iPad, make sure you're buying the model you want. Even though you are buying from a trusted source, you should understand the warranty and the return policy that Apple uses before you buy. Since Apple is known for offering good warranties, a one-year warranty will more than likely be offered to you. Without a good warranty or return policy, buying a refurbished iPad is a bad idea.

You can also buy refurbished iPad's from big retailers online such as Amazon or eBay. Overstock.com is another good source for refurbished iPads.

## Are there any added features?

Sure there are!!!

- ☐ Vibration
- ☐ Built-in Microphone
- ☐ Built-in Speakers/Headphone Jack to plug in headphones
- ☐ Multiple Orientations—Horizontal or Vertical
- ☐ Large Text
- ☐ One Touch Operation
- ☐ Predictive Text Entry—Auto text corrections (verbal and physical)
- ☐ Bluetooth capabilities—Allows you to connect to other computers, printers, scanners, keyboards, etc. without the wires

## Are there any added features? (continued)

- ☐ Visual/Audible Alerts
- ☐ Adjustable Speaking Rate—Speaks in different languages



## Some adaptive features of the iPad

- ☐ Closed Captioning: This allows persons with hearing impairments and persons with cognitive disabilities to view subtitles and closed captions when reading text content or simply watching a movie.
- ☐ VoiceOver: This is a screen reader that lets you hear options displayed on the screen. When you touch the screen, VoiceOver will speak the item under your fingers.
- ☐ Zoom Feature: Zoom allows you to magnify the screen for up to five times the normal size. Zoom also allows you to move to a particular portion of the screen and magnify it.
- ☐ Mono Audio: With this function, you can direct the audio to be played in one headset as oppose to both headsets. This ensures that you can hear all the details of the audio file even if you can only hear in one ear.
- ☐ White on Black: Through the white on black feature of the iPad, you can set its display to the most ideal color contrast. This enhances readability for users with visual deficits.



## Make Your iPad Even Better with Accessories

*iPad Keyboard Dock:* Attaches to the iPad for users who are not comfortable using the virtual keyboard



*iPad Case:* This case provides double duty. It folds in all the right places as well as acts as a stand for the iPad. The case is ideal for watching videos, movies, slideshows, etc. The case could also be folded into a slant board which provides a convenient angle for reading or typing.

*iPad Camera Connection Kit:* Gives you two ways to import photos and videos from a digital camera using your camera's USB cable or directly from an SD card.

ò For more iPad accessories visit <http://rjcooper.com/ipad-pointer/index.html>. RJ Cooper offers software and hardware for people with special needs, including specialized iPad accessories.





## THE IPAD: HELPFUL WEBSITES

There are LOTS of websites that can help you learn more about the iPad and various apps that are geared towards special needs. Here are just a few to get you started!!

The Apple App Store (<http://www.apple.com/ipad/apps-for-ipad/>)- This website provides you with various apps of all sorts of categories. You can simply click on the category or type directly in the search engine located at the top right corner.

Help Special Needs (<http://www.ihelpforspecialneeds.com/iHelp/Welcome.html>)- Helps raise funds for families with special needs children to acquire iPads and apps. If you click on the iTunes store through their site, you will be making a donation each time you make a purchase.

Moms with Apps (<http://www.momswithapps.com/apps-for-special-needs/>)- A collaborative group of family-friendly developers seeking to promote quality apps for kids and their families.

Easy Stand: Capable Kids Club (<http://blog.easystand.com/2010/05/ipad-apps-for-kids-with-special-needs/>)- "At Easy Stand, we make learning fun! The Capable Kids Clubhouse includes activities for kids of all abilities. Play, learn, and stand proud!

Special Needs Apps for Kids (<http://www.snapps4kids.com/>)- A community website to support Parents, Teachers, Therapists and Doctors who want to use technology like the Apple iPad to help special needs and typical children of all ages and abilities to learn, grow and develop. Anyone who shares these goals are welcome. The goal of this site is to help people use the iPad and other technology.



## THE IPAD: HELPFUL WEBSITES (CONTINUED)

ATMac (<http://atmac.org/category/platform/idevices/ipad>)- "ATMac provides instantly useful information about all Apple and Mac products for users with a disability, chronic illness, or other impairments." There are a number of useful articles written specifically about the iPad.

Autism Epicenter (<http://autismepicenter.com/TEST/autism-apps.shtml>)- This website has reviews of apps for the iPad, iPod, and iPod Touch that can be used with children with disabilities. These reviews are great because they are reviewed first-hand by the father of a child with autism.

SLP Sharing (<http://slpsharing.com/app-resources/>)- "This resource page is dedicated to iPhone, iPod Touch and iPad devices and applications for (special) education."

Poddy Training: Using the iPod Touches in the Kindergarten Classroom

([http://web.me.com/eccsms/poddytraining/Poddy\\_Training.html](http://web.me.com/eccsms/poddytraining/Poddy_Training.html))- Although this website is not specifically about the iPad, it is an interesting story about the use of the iPod Touch in a Kindergarten classroom in Tennessee.

Autism Epicenter's Youtube Channel (<http://www.youtube.com/autismepicenter#p/u>)- This site includes some great videos of the iPad in action!





## THE IPAD: PICTELLO

Pictello is an app that can be used on an iPad, iPod Touch, or iPhone. This app creates talking social stories. Each page of the album or book can contain a picture, up to 5 lines of text and a recorded sound or text-to-speech. You can download this app from the Apple store (<http://itunes.apple.com/app/pictello/id397858008?mt=8>) for \$14.99.



For more information about Pictello please visit the following websites:

<http://www.assistiveware.com/pictello.php> and <http://autismepicenter.com/TEST/pictello.shtml>.

Please feel free to forward this newsletter to any individuals or agencies that may benefit from information on assistive technology.

Questions? Comments? Want to have the newsletter sent directly to your inbox?

Email Jill at [jill.mcleod@jefferson.edu](mailto:jill.mcleod@jefferson.edu)

## Results Matter Video Library

The videos below have been produced by Results Matter, a program of the Colorado Department of Education to help providers better understand ways to use observation, documentation, and assessment to inform practice. You can find more information on their website.

<http://www.cde.state.co.us/resultsmatter/>

### USING VIDEO IN YOUR PRACTICE

Results Matter Series on  
Early Childhood Assessment

Using Video to  
Share Information  
with Family Members  
in Early Intervention

#### Using Video to Share with Family Members (Runtime: 3:25)

Megan Klish Fibbe shows ways to use video with family members in early intervention.

[View Video](#)

### What you do—does matter to the children and families you serve!

reflections  
during the  
final home visit

#### Reflections During the Final Home Visit (Runtime: 5:45)

A mother shares her feelings about what Megan Klish Fibbe, physical therapist and early intervention has accomplished for her and her children during their final home visit.

[View Video](#)

The TT Self-Assessment is due  
11:59pm EDT,  
October 31, 2012  
<http://www.utsprokids.org>

# Training Opportunities



**Journey to Success**  
*Down Syndrome Through the Lifespan*

A conference for families touched by Down syndrome  
and those that provide services for them

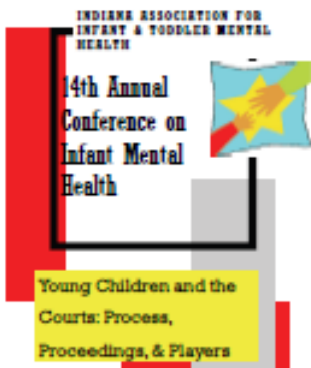
**Featuring Keynote Speaker,  
Michael Remus**

**Friday, September 28, 2012  
Wyndham West Hotel  
Indianapolis, Indiana**

For more information contact  
Katarina Groves at 317-472-6109  
kgroves@cibaby.org

**Presenting Sponsors**  
Down Syndrome Indiana™ | **Russell Best Family**

Registration is now open for the Journey to Success Conference. The full conference brochure can be downloaded at <http://www.utsprokids.org/journeytosuccess.asp>. Please pass along the conference brochure to any of your families (current and past) who may be interested. Funds are available to assist families with the conference registration and lodging. Provider are also encouraged to attend.



## 14th Annual Conference on Infant Mental Health

Friday, August 24, 2012

Riley Out-Patient Center- Ruth Lilly Auditorium

Indianapolis, IN

\$75 IAITMH members \* \$100 non-members

**LIMITED FSCT approval only** for Social Workers, Psychologists and Intake/Service Coordinators, all other disciplines may use conference for First Steps credential points.

Brochure available at

[http://www.mhai.net/index.php?option=com\\_ckforms&view=ckforms&id=4&Itemid=272](http://www.mhai.net/index.php?option=com_ckforms&view=ckforms&id=4&Itemid=272)

Online Registration through IAITMH

[http://www.mhai.net/index.php?option=com\\_ckforms&view=ckforms&id=4&Itemid=272](http://www.mhai.net/index.php?option=com_ckforms&view=ckforms&id=4&Itemid=272)

# The Institute for Strengthening Families

September 17-19, 2012

**FIRST STEPS  
CORE TRAINING  
APPROVED!!!**

**Crowne Plaza Indianapolis Airport**

**2501 South High School Road**

**Indianapolis, IN 46241**

**Keynote Speaker: Trudi Murch, PhD, CCC-SLP, Director, Services for Children with Disabilities  
Easter Seals Southwest Human Development, Phoenix, Arizona (Reflective Supervision)**

Additional breakout sessions: Cultural Competencies, Early Awareness and Intervention for Children on the Autism Spectrum, GLBT, Music for the Early Interventionist Toolbox, Engage Me! Using Creativity to Deliver Curriculum, HFI Standards Trainings, Life Skills Progression Training, APA certification Training: Parents Raising Safe Kids, Working with the Burmese Population, RECIPE for Growing Healthy Children, Perinatal Mood Disorders, Worn Out Woman, Frugal Family Strategies in Hard Economic Times, Kinship Care Givers, 2-1-1

**Registration remains at \$35.00 per person for one, two or all-three days!**

Special hotel room rate is \$89.00 - Ask for The Institute rate!

**Online registration will open August 15, 2012: [www.theinstituteforfamilies.org](http://www.theinstituteforfamilies.org)**

## What's New with On-Line Training?

Did you know that there are now 6 online FSCT courses?? From the comfort of your couch you can access an overview of the AEPS, services that support a child and family's everyday routines, positive transitions, exploring and protecting child and family rights, ethics and boundaries in home visiting or even an in-depth review of provider orientation. Each of the courses vary in length of time to complete and credential points earned. You can start a course immediately after registering, anytime, 24 hours - 7 days a week!! Read on to learn more about the latest addition to the online library.

### **FSCT – Professional Boundaries and Ethics in Home Visiting**

Inherent to the professional-family relationships within First Steps are boundary, confidentiality, and ethical challenges. Home-based practice requires specific skills of the early interventionist to navigate through these challenges as they provide early intervention services for families. When professional boundaries are not honored, objectivity can be lost. Professional Boundaries and Ethics in Home Visiting provides and interactive discussion about common situations faced by all First Steps providers, offering best practice and practical solutions. (.3 credential points)

Here is what participants are saying about this course....

*"I found this course helped to clarify subjects that had been "grey" for me - I had previously been unsure about the boundaries of certain things that are now cleared up for me."*

*"I liked the interactive slides. They forced me to think and not just listen to the information given."*

*"All aspects of the training were what I anticipated. I am currently taking a master's level course in Ethics and found this to be a condensed version to many of the ideas we are discussing in the class."*

*"I expected to get a basic review of professional boundaries and ethics, instead a received a more in-depth and challenging review of how we should conduct ourselves in the home and community settings."*

(Please note that all on-line courses entail some follow up assignment and assessment. Processing these can take up to 7 days depending on the volume received. Please allow adequate time **PRIOR** to your credential due date.)